

Date: 28 Oct 2007

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The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19361

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 277

1. PLACE OF DEATH  
a. COUNTY JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY JASPER

3. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
JOPLIN YEARS

4. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
917 ROOSEVELT AVE.

5. STREET ADDRESS (If rural, give location)  
917 ROOSEVELT AVE. 04950

3. NAME OF DECEASED  
a. (First) ALFRED b. (Middle) JONES c. (Last) ROE

4. DATE OF DEATH (Month) (Day) (Year)  
JUNE 18, 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH  
DEC. 1, 1880

9. AGE (In years last birthday) 73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
RETIRED- POSTAL CLK

11. BIRTHPLACE (City and State or Foreign Country)  
TENNESSEE

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME JOHN THOMAS ROE 13b. MOTHER'S MAIDEN NAME FRANCES PAIGE 14. NAME OF HUSBAND OR WIFE MRS. MARTHA ROE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MRS. MARTHA ROE - 917 ROOSEVELT AVE.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19. MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic heart disease  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *John W. Kallish, M.D.* 23b. ADDRESS FRISCO Bldg., JOPLIN, MO. 23c. DATE SIGNED 6-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6-22-54 24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK 24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. 6-24-54 REGISTRAR'S SIGNATURE *Ed S. James* 138 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD